

Meeting Attendees	
Name	Organization
Ian McCaslin (Co-Chair)	MO HealthNet Division
Karl Kochendorfer (Co-Chair)	University of Missouri-Columbia
Lorey Barnes	Molina Healthcare of Missouri
Kathleen M. Berchermann	St. Louis Children's Hospital
Brian Bernskoetter	Sandlot
Sandra Bollinger	Health Priorities, Inc.
Brian Bowles	Missouri Association of Osteopathic Physicians & Surgeons
James Calvin	ABE
Dave Cheli	Gateway, EDI, LLC
Mark Cone	N-Tegrity Solutions
Sarah Eber	Care Link
Julie Eckstein	Center for Health Transformation
Laura Fitzmaurice	Children's Mercy Hospital
Kay Forest	St. John's Clinic
Don Fowls	Infocrossing Healthcare Services
Bryan Henderson	ITSD - DMH
Sheri Homan	DHSS
Joy Jacobsen	CareEntrust
Bethany Johnson	St. Louis Integrated Health Network
Randy Lock	Infocrossing
Denni McColm	Citizens Memorial Healthcare
Jeff McGraw	Bothwell Regional Health Center
Ken McMinn	Scotland County Memorial Hospital
Patrick Mills	Missouri State Medical Association
Jason Mitchell	American Academy of Family Physicians
Paul Monda	Missouri Department of Health & Senior Services
Barb Oerly	Infocrossing Healthcare Services
Paula Peters	ITSD - DHSS
Matt Reidhead	Missouri Department of Health & Senior Services
David Renfro	Availity, LLC
Theresa Rogers	Missouri Hospital Association
Robert W. Smith	UnitedHealthcare of the Midwest, Inc.
Diane Twehous	Infocrossing Healthcare Services
Felix Vincenz	Missouri Center for Comprehensive Psychiatric Services
Susan Wilson	Missouri Primary Care Association, Missouri Center for Primary Care Quality and Excellence
Staff	
George Oestreich	MO HealthNet Division
Tim Andrews	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Alice Lam	Manatt Health Solutions
Karen Purdy	MO HealthNet Division

Next Meeting	<p>Tuesday, December 15, 3:00 pm - 5:00 pm Jefferson State Office Building (205 Jefferson Street, Jefferson City, MO) 10th floor, conference room B</p> <p><i>The Business and Technical Operations Workgroup will meet bi-weekly in Jefferson City. In-person attendance is strongly recommended.</i></p>
Action Items	<p>Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline.</p> <ul style="list-style-type: none"> ➤ Workgroup participants to provide feedback to kwallis@manatt.com by 12/9. Alternatively, Workgroup can submit feedback through survey on State website: http://dss.mo.gov/hie/. ➤ Workgroup participants to send suggestions of additional stakeholders to ckrebs@primaris.org. ➤ Workgroup staff to solidify mechanism for Workgroup information distribution and discussion as well as coordination between other Workgroups. ➤ Workgroup staff to develop straw man outline of Business and Technical Operations content in Strategic Plan based on feedback.
<p>Content Reviewed</p> <p>Materials are available online at http://www.dss.mo.gov/hie/index.shtml</p>	<ul style="list-style-type: none"> ➤ <i>HIE and HITECH Opportunities Overview</i> <ul style="list-style-type: none"> ○ Definitions: Health information exchange (HIE); Regional health information organization (RHIO); Health information organization (HIO); Electronic medical record (EMR); Electronic health record (EHR); Personal health record (PHR). ○ Opportunities: Medicare and Medicaid payment incentives for health information technology (IT) adoption; appropriations for HIE development; appropriations for health IT (regional centers); broadband and telehealth; workforce development; beacon communities. ○ Meaningful use: Providers can draw down incentives by using certified EHR technology in a meaningful manner, including: electronic prescribing, electronic exchange of health information, and reporting on clinical quality measures. ○ Missouri's projected meaningful use and HIE stimulus funding: <ul style="list-style-type: none"> ▪ State HIE Program: \$13.8M ▪ Medicare meaningful use: \$442M ▪ Medicaid meaningful use: \$404M ○ Missouri is a state without a strategic or operational plan; Missouri submitted an application for planning funding to develop a strategic and operational plan in 2010. ○ States across the country are taking different approaches to HIE (e.g. Idaho, Indiana, New York). ➤ <i>Project Overview</i> <ul style="list-style-type: none"> ○ Workgroup Framework – The Workgroups will provide recommendations for review and consideration of the Advisory Board. The six Workgroups are interrelated; issues and recommendations will need to be coordinated and vetted across Workgroups. ○ Project Timeline ○ Strategic Plan Requirements ➤ <i>Business and Technical Operations Considerations & Key Questions</i> <ul style="list-style-type: none"> ○ What efforts can be leveraged in Missouri to support provider implementation and meaningful use of EHRs and how should they be

<p>Key Commentary & Discussion</p>	<p>coordinated?</p> <ul style="list-style-type: none"> ▪ What technical assistance should be available to those developing HIE services? ○ How should the RC activities be coordinated with and relate to: <ul style="list-style-type: none"> ▪ the statewide HIE initiative? ▪ Medicaid EHR incentive program? ▪ Other ongoing efforts? ○ How should additional funding provided through EHR incentive funds and 90/10 Medicaid administration match be used to support EHR adoption efforts and the statewide HIE initiative? ○ How will Missouri prioritize Medicaid and Medicare providers who qualify for meaningful use incentives? ○ What percent of health care providers have access to broadband? What will be needed to enable remaining providers to access broadband? ○ What statewide shared services or other statewide technical resources may be developed and implemented to address business and technical operations? ○ What mechanisms should be established to evaluate outcomes and what entity should be charged with this responsibility?
	<ul style="list-style-type: none"> ➤ Workgroup leadership opened the meeting by discussing the Business and Technical Operations Workgroup's role in Workgroup leadership and encouraged wide participation from interested parties in this open process. <ul style="list-style-type: none"> ○ Integral to the charge of this workgroup is coordination between the Medicaid incentives, State HIE grants, and are we going to use RC or REC. The Workgroup leadership is well-positioned to inform this coordination as Dr. McCaslin serves as the State Medicaid Director and Dr. Kochendorfer is one of the leaders of the State's application for the RC. ○ Broad involvement in the workgroup will bring a variety of perspectives to develop consensus and gain buy-in. ○ The State HIE planning process and all workgroup meetings are covered pursuant to MO Sunshine Law. <p><i>Current HIE Landscape and Assets</i></p> <ul style="list-style-type: none"> ➤ Workgroup staff reviewed Missouri's HIE landscape and current private and public sector assets based on previous work conducted and preliminary interview findings. Additional feedback from the workgroup was solicited. <ul style="list-style-type: none"> ○ MO has several HIE initiatives in nascent stages of moving data or planning processes. ○ Reflecting further input from Workgroup members, private asset information will be updated to reflect: <ul style="list-style-type: none"> • E-prescribing efforts; • LACIE and CareEntrust are both moving data; • MOCAP SSPRHN (in Scotland, Schuyler, Sullivan, Putnam, Lakin Counties, etc.); and • Information exchange in larger institutions. ○ Among existing public sector assets, MO will be able to leverage a Departmental Client Number (DCN) unique identifier, which has been mandatorily assigned for ALL new births in the last 15 years and all patients served by the Missouri Department of Health and Senior Services (DHSS).

- Anecdotal information indicates that 65% of the state population has been assigned a DCN.
- Efforts well underway to assign DCN to Department of Mental Health clients.

- The Workgroup recognized that consumers are fluid and transfer insurers, from private to public coverage, hospitals, providers, and that HIE planning is not just a Medicaid initiative but will benefit the entire health system.

EHR Adoption Challenges and Considerations

- The Workgroup discussed common challenges and key issues in adoption of EHRs and the appropriate provider supports that should be implemented. The Workgroup acknowledged that difficulties in transitioning to a new paradigm should not be underplayed.
 - Providers have varying levels of experience and willingness to implement.
 - Assistance will need to be targeted and take into consideration different levels of need.
 - Workgroup participants noted that hospital administrators, CIO's, and physicians bring varying perspectives to the value of HIT and HIE. Hospitals are fairly well-aware of EHR incentive program and several larger institutions have implemented EHRs. Several Workgroup members expressed that for the most part physicians are generally not aware, and significant education on the incentives will be necessary.
 - Many Workgroup members related from their own setting their experiences with human factors such as physician age, openness to new technology, and workflow matters as contributing to their willingness to adopt new technology.
 - The group recommended that educators provide hands-on coaching and identify/leverage other partners to help engage providers.
 - Experience from many settings has shown that providers often are required to slow workflow to roll-out EHR. Need for educational process to detail successful implementations, taking into account strategies for minimizing workflow disruption.
 - Workgroup participants indicated that funding to support lost revenue would be very meaningful.
- The Workgroup discussed the role of the RC.
 - The Workgroup chair discussed the assistive functions currently contemplated for the RC: vendor selection, group purchasing, EHR adoption, and achievement of meaningful use.
 - The RC will also survey providers regarding eligibility for Medicaid incentives.

HIE Functionality

- Workgroup staff shared experience that shared services that simplify tasks and add value can help drive users to adopt. The Workgroup discussed ideas for possible HIE services that deliver particularly valuable functionality for providers:
 - Childhood immunization tracking;
 - ER discharge and transfer data; and
 - Chronic pain and narcotic usage by patients.

Key Decisions Next Meeting Workgroup Staff Contact Information	<i>Evaluation</i> <ul style="list-style-type: none"> ➤ The Workgroup discussed incorporating evaluation measures that indicate data usage, intermediate clinical outcomes, amount of data exchanged, and cost savings, as well as engaging in a formal process evaluation. ➤ DHSS has a rich set of data available that could be tracked over time and combined with other measures to construct an evaluation. <ul style="list-style-type: none"> ○ For example, DHSS interviewed 50,000 Missourians for a 2005 county-level study that captured smoking prevalence, smoking cessation, obesity. This information was linked to symptom, hospital, and ER data and this study could be leveraged for evaluative purposes.
	<ul style="list-style-type: none"> ➤ Establish HIE services that will help simplify tasks for providers and can help further drive adoption.
	<ul style="list-style-type: none"> ➤ What are other shared services that should be offered? ➤ What will be the approach for HIE services to reach all geographies and providers? ➤ What measures and approach will be applied to evaluate outcomes? ➤ Review outline of Strategic Plan.
	<ul style="list-style-type: none"> ➤ George Oestreich - George.L.Oestreich@dss.mo.gov ➤ Tim Andrews – tandrews@highpine.com ➤ Melinda Dutton – mdutton@manatt.com ➤ Alice Lam – alam@manatt.com ➤ Karen Purdy – Karen.A.Purdy@dss.mo.gov